



## NEW JERSEY VOLUNTARY DISCLOSURE FACT PATTERN FORM

1) Type of Business entity:

- ☐ Corporation, accounting period ending: \_\_\_\_\_;
- ☐ Limited Liability Company;
- ☐ Limited Partnership;
- ☐ Individual;
- ☐ other (specify): \_\_\_\_\_

If LLC or other, what form is filed for Federal Tax purposes: \_\_\_\_\_

2) Has this entity been authorized to do business in the State of New Jersey with the New Jersey Secretary of State/New Jersey Division of Revenue – Commercial Recording or created under New Jersey Law?

- ☐ yes
- ☐ no

3) Did this entity receive a Nexus Questionnaire or any other notification from New Jersey:

- ☐ no;
- ☐ yes, explain: \_\_\_\_\_

4) Taxes currently registered in New Jersey for:

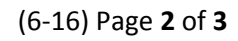
- ☐ NONE
- ☐ Sales and Use;
- ☐ Corporation;
- ☐ Partnership;
- ☐ Withholdings;
- ☐ Personal Income;
- ☐ other (specify): \_\_\_\_\_

5) Taxes requested for Disclosure:

- ☐ Sales and Use. Were Sales Taxes collected but not remitted?
- ☐ no;
- ☐ yes, specify first date: \_\_\_\_\_
- ☐ Corporation;
- ☐ Partnership;
- ☐ Withholdings;
- ☐ Personal Income;
- ☐ other (specify): \_\_\_\_\_

Date activity first commenced in New Jersey: \_\_\_\_\_

Type of business activity: \_\_\_\_\_



Detailed explanation of business activity in New Jersey: \_\_\_\_\_

[illegible]



## NEW JERSEY VOLUNTARY DISCLOSURE FACT PATTERN FORM

Contact Person name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

Fax number: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this form to:**

Nicholas J. Solimando, Auditor  
New Jersey Division of Taxation  
PO Box 269 (regular mail service) -or-  
50 Barrack St 5<sup>th</sup> Floor (courier only)  
Trenton, NJ 08695-0269

phone: 609-633-7837  
fax: 609-633-2681  
e-mail: Nicholas.Solimando@treas.nj.gov